

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO.      | DATE                |
|---------------------------|----------|-------------|---------------------|
| FEE DETERM. NATION        |          |             |                     |
| O.I.P.E. CLASSIFIER       |          |             | 30/10               |
| FORMALITY REVIEW          | MH       | 504/920     | 02-14-01            |
| RESPONSE FORMALITY REVIEW | MT       | 525<br>1091 | 03/29/01<br>6-06-01 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here